

**STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
ANNUAL TAX RETURN FOR YEAR ENDING DECEMBER 31, 2008**

Domestic Title Insurers

Must be attached to the tax return:

- NE Business Page of the 2008 Annual Statement
- Schedule T of the 2008 Annual Statement
- Check made payable to Nebraska Dept. of Insurance

Mail tax return and check to:

Nebraska Department of Insurance
941 "O" Street, Suite 400
Lincoln, NE 68508-3639

COMPANY INFORMATION

| | |
|------------------------------|-----------------------|
| Nebraska Co. I.D. No. | Contact Person |
| NAIC No. | E-Mail Address |
| Federal Tax I.D. No. | Telephone |

Company Name _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Organized Under the Laws of _____

SECTION I - SIGNATURE OF FISCAL OFFICER OF COMPANY

State of _____)

_____)ss

County of _____)

I, _____, being duly sworn on oath say that I am _____

of the _____ Insurance Company of the State of _____

and that the tax statement is correctly computed in accordance with the foregoing instructions.

(Signature)

Subscribed and sworn to before me, a Notary Public, this _____ day of _____ 20 _____

(Notary Public)

SECTION II - PREMIUM TAX

| | | NEBRASKA BASIS |
|----|---|-----------------------|
| 1. | Gross direct premiums received on Nebraska business (Medicare Part D premiums not taxed) | .00 |
| 2. | Gross direct premiums received for insurance written outside of the State of Nebraska where no comparable tax is paid by the direct writing company to any other appropriate taxing authority | .00 |
| 3. | Net taxable premiums (Line 1 plus Line 2) | .00 |

SECTION III - FEES

| | | NEBRASKA BASIS |
|----|--|-----------------------|
| 4. | Renewal of Certificate of Authority | 100.00 |
| 5. | Filing Annual Statement | 200.00 |
| 6. | Insurance Fraud Fee | 100.00 |
| 7. | Other fees (Itemize) | .00 |
| 8. | | .00 |
| 9. | Total fees (Sum of Lines 4 through 8) | .00 |

SECTION IV – SUMMARY OF TAXES AND FEES

| | | NEBRASKA BASIS |
|-----|---|-----------------------|
| 10. | Premium tax (Line 3) | .00 |
| 11. | Fees (Line 9) | .00 |
| 12. | Total taxes and fees (Line 10 plus Line 11) | .00 |

| | | |
|-----|---|-----|
| 13. | Total taxes and fees applicable | .00 |
| 14. | Prepayments (April 15, June 15, September 15; payments and applied credits) | .00 |
| 15. | Unapplied credit balance | .00 |
| 16. | Total prepayments and unapplied credits (Line 14 plus Line 15) | .00 |
| 17. | Balance due (If Line 13 is greater than Line 16, enter amount. Enclose payment of this amount). | .00 |
| 18. | Overpayment (If Line 16 is greater than Line 13, enter amount here) | .00 |
| 19. | Amount to be refunded | .00 |
| 20. | Amount to be credited to 2009 prepayment | .00 |

CHECKLIST

| | YES | NO |
|---|------------|-----------|
| Copy of Schedule T of 2008 Annual Statement Attached? | | |
| Copy of the Nebraska Business Page of the 2008 Annual Statement Attached? | | |
| Check payable to Nebraska Department of Insurance Attached? | | |
| Tax Return is Signed and Notarized? | | |